

**REFERRAL FORM TO EERC**

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| **Referring Agency** |
| Agency  Address:  Name of advisor:  Telephone:  Email: |
| **Client Details** |
| Name:  Address:  Telephone:  Languages spoken: |
| **Details of Client’s Problem/** |
| Has the client reported the hate crime? YES/NO  If yes, please provide reference number:  If not, does the client need support with reporting? YES/NO |
| **Reason for referral** |
| * Free Therapy for victims of hate crime * Support with reporting the hate crime * General advice and support |
| **Client Authorisation for Referral** |
| Signature:  Date |
| **Referral agency EERC** |
| Signature:  Date:  Signature:  Date: |